



STATE OF MISSOURI
MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
**REFERENCE OF APPLICANT FOR LICENSURE
AS A PSYCHOLOGIST**

MISSOURI STATE COMMITTEE OF PSYCHOLOGISTS
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65102-1335
TELEPHONE (573) 751-0099

APPLICANT	EMAIL
ENDORSER	EMAIL

ENDORSER:

You are asked to submit a reference for the above candidate for licensure as a psychologist. Please consider it your ethical responsibility to exercise careful thought in answering the questions which follow. Your answers should reflect all relevant information you know about this applicant.

1. PERIOD OF TIME YOU HAD A PROFESSIONAL ASSOCIATION WITH THIS APPLICANT (TWO (2) YEARS MINIMUM.)	2. RELATIONSHIP TO APPLICANT? <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Instructor					
3. EXTENT FAMILIAR WITH THE APPLICANT'S PERFORMANCE OF PSYCHOLOGICAL OR SCHOOL PSYCHOLOGICAL ACTIVITIES? <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Thorough						
4. PLEASE INDICATE HOW WELL YOU KNOW THE APPLICANT'S TRAINING, WORK EXPERIENCE, ABILITIES, AND PERSONALITY BY CHECKING THE APPROPRIATE PLACES:						
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th style="padding: 5px;">UNABLE TO EVALUATE</th><th style="padding: 5px;">NOT ACCEPTABLE</th><th style="padding: 5px;">AVERAGE</th><th style="padding: 5px;">ABOVE AVERAGE</th><th style="padding: 5px;">SUPERIOR</th></tr></table>	UNABLE TO EVALUATE	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR
UNABLE TO EVALUATE	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	SUPERIOR		
A. Skill Level						
B. Ability to establish and maintain good professional relations.						
C. Possession of emotional maturity & stability required for satisfactory work with clients and patients.						
D. Understanding of and adherence to approved standards of professional and ethical conduct.						
E. Personal character: honesty, integrity and general conduct.						
F. Reputation among colleagues as a professional.						
G. Capacity for professional growth and development.						
H. I would rate the applicant's performance under my supervision as:						
I. I would rate the applicant's competence to engage in private practice as:						
5. IN WHICH OF THE FOLLOWING AREAS WOULD YOU JUDGE APPLICANT TO BE TECHNICALLY COMPETENT TO ENGAGE WITHOUT DIRECT SUPERVISION: (REMEMBERING THAT NO ONE IS EXPERT IN ALL FIELDS OF PSYCHOLOGY, AND ONLY RARELY IN ALL BRANCH(S) OF ONE FIELD.)						
POPULATION: <input type="checkbox"/> Child <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/> Other: _____						
TYPES OF EVALUATION: <input type="checkbox"/> Child Custody <input type="checkbox"/> Educational <input type="checkbox"/> Forensic <input type="checkbox"/> Group Dynamics <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Organizational <input type="checkbox"/> Personality <input type="checkbox"/> Vocational <input type="checkbox"/> Other: _____						
EVALUATION TECHNIQUES: <input type="checkbox"/> Achievement Tests <input type="checkbox"/> Intelligence Tests <input type="checkbox"/> Interest Tests <input type="checkbox"/> Neuropsychological Tests <input type="checkbox"/> Objective Personality Tests <input type="checkbox"/> Personnel Selection Tests <input type="checkbox"/> Projective Tests <input type="checkbox"/> Vocational Tests <input type="checkbox"/> Other: _____						
INTERVENTION TECHNIQUES: <input type="checkbox"/> Family Therapy <input type="checkbox"/> Group Therapy <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Marital Therapy <input type="checkbox"/> Organizational Development <input type="checkbox"/> Other: _____						
6. IN YOUR OPINION, DID THIS APPLICANT AT ANY TIME OR IN ANY WAY SHOW EVIDENCE OF BEHAVIOR, JUDGMENT OR PERFORMANCE PROBLEMS, OR OTHER CHARACTERISTICS WHICH WOULD GIVE RISE TO ANY QUESTION OR DOUBT OF HIS/HER SUITABILITY FOR LICENSURE AS A PSYCHOLOGIST? <input type="checkbox"/> YES <input type="checkbox"/> NO						

7. BASED ON YOUR KNOWLEDGE OF THIS APPLICANT'S EDUCATION, TRAINING, VALUES AND PERSONALITY, ARE THERE ANY AREAS YOU WOULD SUGGEST THE APPLICANT SHOULD NOT ATTEMPT IN INDEPENDENT PRACTICE?

8. DO YOU BELIEVE THAT ON AN OVERALL BASIS, INCLUDING TRAINING AND EXPERIENCE, PERSONAL CHARACTER, AND ETHICAL CONDUCT, THE APPLICANT IS A CREDIT TO THE PROFESSION OF PSYCHOLOGY? ☐ YES ☐ NO

IF NO, EXPLAIN

9. DO YOU HAVE ANY RESERVATION AGAINST GIVING THE APPLICANT YOUR UNQUALIFIED SUPPORT? ☐ YES ☐ NO

GIVEN THE OPPORTUNITY, WOULD YOU ENCOURAGE THIS APPLICANT TO PURSUE INDIVIDUAL PRACTICE IN YOUR COMMUNITY? ☐ YES ☐ NO

COMMENTS

10. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

☐ YES ☐ NO

11. TO YOUR KNOWLEDGE, IS THE APPLICANT ADDICTED OR HAS THE APPLICANT EVER BEEN ADDICTED TO NARCOTICS, DRUGS OR INTOXICATING LIQUORS?

☐ YES ☐ NO

12. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN THE PATIENT OF A MENTAL INSTITUTION OR HOSPITAL FOR MENTAL DISEASE?

☐ YES ☐ NO

13. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER FAILED TO BE TRUSTWORTHY IN RELATION TO HIS/HER RESPONSIBILITIES?

☐ YES ☐ NO

14. DO YOU KNOW OF ANY UNFAVORABLE INCIDENTS IN THE LIFE OF THE APPLICANT AT SCHOOL, COLLEGE, BUSINESS OR OTHERWISE WHICH MAY HAVE A BEARING UPON THE CHARACTER OR FITNESS (MORAL OR OTHERWISE) TO PERFORM HIS/HER PROFESSIONAL DUTIES NOT COVERED BY QUESTIONS CONTAINED IN THIS FORM OR DISCLOSED IN YOUR ANSWERS?

☐ YES ☐ NO

15. WOULD YOU BE WILLING TO EMPLOY THIS APPLICANT YOURSELF IF AN OPENING AROSE WITHIN YOUR ORGANIZATION IN AN AREA IN WHICH HE OR SHE HAS TRAINING AND EXPERIENCE?

☐ YES ☐ NO

IF NO, PLEASE EXPLAIN:

☐ I endorse this applicant for licensure, without reservation.

☐ I endorse this applicant for licensure, with reservation.

☐ I **do not** endorse this applicant for licensure.

Please use the opposite side of this page to elaborate upon your answer.

ENDORSER'S INFORMATION

NAME	POSITION
WORK ADDRESS	
SIGNATURE	DATE